WAIVER REQUEST
(This form contains personal information that requires protection from unauthorized disclosure.)

	WAIVER NUMBER

REQUESTOR NAME *(Last, First, Middle Initial)*	ORGANIZATION/OFFICE SYMBOL	BASE	DSN	DATE

NATURE OF REQUEST

☐ SYLLABUS WAIVER	☐ AFCAT WAIVER	☐ SENIOR OFFICER/KEY STAFF	☐ COURSE COVERAGE	☐ OTHER

STUDENT NAME *(Last, First, Middle Initial)*	GRADE	SSN	STUDENT ORGANIZATION

COURSE TITLE	COURSE NUMBER	CLASS NUMBER	START DATE	GRAD DATE

REMARKS/JUSTIFICATION *(Include coordination block number)*

PROPOSED COURSE OF ACTION *(Continue comments on reverse if necessary)*

RECOMMEND		COORDINATION			
APPROVE	DISAPPROVE	ORG/OFFICE	SIGNATURE	GRADE	DATE
1.					
2.					
3.					
4.					

FINAL APPROVAL

5.					

AETC FORM 6, NOV 97 *(EF-V2)*

CONTINUATION